U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

TO READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E PROPINE		
1. File Number U - 1500	2. Fiscal Year Covered From:	
	T/ T/ Deex Inrough: 12/ 30 / 2014	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Goldon J Baskena	Name Couphic Communications Conferences	
	Labor Organization File Number 245648	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 3007 Chapshire Dr. S. F.	Street 3007 Chapshaue Du. S.D.	
City Coroll Rapids	City G.L	
State - Will 49546 ZIP Code + 4 7/48	State 14:00 219 Code + 4 7148	
5. Position in labor organization. President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	Ann	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
Oll Got	PARTY CAMPAGNATURE COMPANIES AND	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Opposition Boll	On Date Telephone Number	
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Conday See	·		
B. Held an Interest in or delived Income or economic benefit with monetary value from a business (1) a substantial pan of which consists of buying from, selling or leasing tq, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your tabor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including traple name, if any).  Name Segol Corporation	9. Business deals with:		
Trade Name, if any:  BOX 40.59	a. Labor Organization  6. Trust		
City New York,	c. Employer		
State POW YOU'R ZIP Code + 4 1 0361 - 4059	11.a. Nature of such dealing.		
Name Graphic Communications Name Graphic Communications Trade Name. if any	Copsilted advisery		
Street Floe Calebray Conler	11.b. Approximate dollar value of such dealing.	9160 lg 248 18/16	
State For 1500=ZIP Code+4 12-19	12.6. Nature of interest held or income receive Work had II, 2004	7	
	12.b. Amount.	4/60.89	
C. Received from any employer (other than an employer covered under perts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.e, Name and address of Employer or Labor Relations Consultent (including trade name, if ลาง).	14.a. Nature of payment.	:	
Name		• •	
Trade Name, if any:		.	
P.O. Box, Bidg., Room No , if any		An organization of the control of th	
Street		· · · ·	
City State : ZIP Code + 4			
12 h le thá Businapa an Employar	14.b. Amount of payment.		